

DEC 03 2004

AHPWA25AUSA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/601,481 Confirmation No.: 8944
Applicant : Fensome et al.
Filed : June 23, 2003
TC/A.U. : 1614
Examiner : R. Henley, III
Customer No. : 38199
Title : METHODS OF TREATING HORMONE-RELATED
CONDITIONS USING CYCLOTHIOCARBAMATE
DERIVATIVES

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE AND AMENDMENT

Sir:

This paper is in response to the Office Action dated September 8, 2004 and made final. Applicants request entry of the amendments presented herein which are believed to comply with all requirements of form and place the application in condition for allowance. Alternatively, Applicants request entry of these amendments as they are believed to reduce the issues for appeal.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

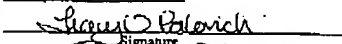
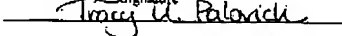
Remarks/Arguments begin on page 17 of this paper.

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Total Number of Pages in This Submission 19

Application Number	10/601,481
Filing Date	June 23, 2003
First Named Inventor	Fansome et al.
Art Unit	1814
Examiner Name	R. Henley, III
Attorney Docket Number	AHPWA23AUSA

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Customer No. 38189		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Howson and Howson		
Signature	<i>Cathy A. Kodroff</i>		
Printed name	Cathy A. Kodroff		
Date	12-3-2004	Reg. No.	33,980

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